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Department of Health and Family Services

M E M O R A N D U M

DATE: September 13, 2002

TO: All Pharmacies, Dispensing Physicians, HMOs, and Blood Banks

FROM: Peggy B. Handrich, Administrator
Division of Health Care Financing

SUBJECT Updated Medicaid Pharmacy Handbook

I.   Updated Pharmacy Handbook

Here is a copy of the updated Wisconsin Medicaid Pharmacy Handbook. The Pharmacy
Data Tables section is updated and has changes to the following tables:

- Appendix 1 – Numeric Listing of Manufacturers who have Signed Rebate Agreements.
- Appendix 2 – Less than Effective/Identical, Related, or Similar Drugs.
- Appendix 3 – Legend Drug Maximum Allowed Cost (MAC) List.
- Appendix 6 – Wisconsin Medicaid Noncovered Drugs – Manufacturer Rebates Refused.

II.   All-Provider Handbook Included

CD-ROM copies of the updated Wisconsin Medicaid Pharmacy Handbook include the
All-Provider Handbook.

III.   SeniorCare Information

CD-ROM copies of this updated Wisconsin Medicaid Pharmacy Handbook include
SeniorCare information.

Several Explanation of Benefits (EOB) codes were added for SeniorCare. These are
listed in the table below.

EOB	DESCRIPTION
044	The provider is not authorized to perform or provide the service requested.
066	Claim reduced due to recipient/participant deductible.
068	SeniorCare participants not eligible for non-pharmacy claim types.
085	Different drug benefit programs. Prescriptions or services must be billed as a separate claim.

EOB	DESCRIPTION
107	Benefit program's funds are exhausted.
129	Participant's eligibility not complete, please re-submit claim at a later date.
135	Denied. No substitute indicator required when billing innovator NDCS.

Additional information including the link to SeniorCare-covered drugs can be found at www.dhfs.state.wi.us/seniorcare/index.htm.

IV.   Pharmaceutical Care

Appendix 8 of the Drug Utilization Review (DUR) and Pharmaceutical Care (PC) chapter of the Pharmacy Handbook understates the allowed frequency of PC services in the following cases:

- Reason code "CS," action code "MO" and all outcome codes indicate a maximum of 1/pt/yr. This should be 2/pt/yr.

- Reason code "TD," action code "MO," outcome code "1E" indicate a maximum of 2/pt/yr. This should be 4/pt/yr.

In addition, Reason code "RE" Action code "AS" Outcome code "3M" indicate a maximum of 1/pt/day. This should be 2/pt/yr.

V.   Additional Copies of Publications

All *Wisconsin Medicaid and BadgerCare Updates*, as well as the Pharmacy Handbook and the All-Provider Handbook, can be downloaded from the Medicaid web site at *www.dhfs.state.wi.us/medicaid/*. Additional copies of the handbook may be downloaded from the CD-ROM.

Pharmacies will automatically receive a CD-ROM quarterly, unless they notify Provider Services that they want only a paper copy. Pharmacies may receive either a CD-ROM or a paper copy, but not both.

If you would like to receive only paper copies of pharmacy materials, please call the Provider Services at (800) 947-9627 or (608) 221-9883.

If you have questions about the information in this handbook, please call Provider Services.

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Enclosure